

Release of GED® Test Results

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Please return this completed form to: GED Coordinator™ 2180 Yonge St., 1st Floor Box 200, Station Q Toronto ON M4T 2T1 Fax: 416.484.2750 PLEASE WRITE IN CAPITAL LETTERS Name Address Postal code City Ontario Home telephone number and area code Date of birth month E-mail address (REQUIRED) Retype your e-mail address (REQUIRED) Year and location of tests taken: (optional) I give permission to the GED Coordinator™ and/or the associates to release my GED® transcript or certificate to Date Signature certificate _ × \$10.00 to be paid by ☐ VISA MasterCard certified cheque money order Total payment Card number Expiry date Important: Make your certified cheque or money order payable to TVO-GED.

Name of cardholder:

Signature of cardholder: X